

# Summary of PHIP Recommendations for 2003-05

## Key Health Indicators

1. Improve and sustain the availability of community-level data by enhancing data collection that supports community-level analysis.
2. Develop a process to collect and publish Report Card data and examples of interventions, including collection and dissemination of data that can be used for communities and subgroups.
3. Distribute the Report Card and action guide widely and encourage public and private organizations to use it as they allocate resources and develop work plans to improve health outcomes.
4. Set numerical targets for indicators that address the question, How healthy do we want to be?

## Public Health Standards

1. Analyze baseline data, including exemplary practices, to determine priorities for system-wide improvements.
2. Adopt a schedule and process to support regular use of *Standards for Public Health in Washington State* to evaluate and describe the status of Washington's public health system.
3. Continue to describe needed administrative capability, and field test and revise the description for use in future evaluation processes.
4. Link the work of the PHIP Standards Committee with that of the Finance Committee, Key Health Indicators Committee, and other committees to assure that actions guiding public health system improvement will yield maximum efficiency in performance and effectiveness.

## Financing Public Health

1. Establish a public health financing system that provides stable and sufficient funding allocated consistently throughout the state.
2. Adopt a cost model to document the cost of providing public health services. Link costs with related activities for public health improvement, including workforce development and performance standards.
3. Consolidate advisory committees to address funding allocations to simplify the allocation process and increase understanding and acceptance of the allocation methodology.

## Information Technology

1. Define a basic level of information technology capacity for all health departments.

2. Assure that the public health workforce participates in computer-based training and emergency communication drills.
3. Implement standard data security procedures, install software and equipment, and share protocols for data management and data access system-wide.
4. Develop data standards.
5. Continue information technology coordination.

## Workforce Development

1. Complete a descriptive census of the public health workforce to document the range of workers available and to identify training needs.
2. Adopt a set of expected worker competencies as the basis for developing training programs, college course curricula, performance measurement, and other aspects of public health workforce development processes.
3. Develop a training system that links expected competencies with learning opportunities, tracks training data, and helps people obtain the information they need to perform their work.
4. Collect and distribute best practices for increasing public health workforce diversity.
5. Pursue strategies that address leadership development and systematic incentives for workforce development.

## Access to Critical Health Services

1. Establish a Committee on Access to Critical Health Services to guide use of *Standards for Public Health in Washington State* on access.
2. Expand, update, and improve the Menu of Critical Health Services and involve public health, private providers, and purchasing groups in using the Menu.
3. Promote "exemplary practices" associated with the access standard for public health.

## Effective Communication

1. Prepare public health workers and community partners to describe the business of public health agencies and how they work to protect and improve the health of people.
2. Assure that all public health agencies are prepared to carry out effective communications when responding to public health emergencies and local issues of concern.